

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092683 (9)

1. Corporation Name

REINSTITUTION, INC.

Principal Place of Business

4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210
US

Mailing Address

4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

59-3284060

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4595 LEXINGTON AVE.

JAX. FL.

32210

DUVAL

9. Name and Address of Current Registered Agent

GEORGE, TERESA
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME CITY-ST-ZIP

P
BAILEY, JAMES F
10 N. NEWMAN ST.
JACKSONVILLE FL 32202

☐ DELETE

TITLE NAME CITY-ST-ZIP

S
MILNE, DOUGLAS
4595 LEXINGTON AVE.
JACKSONVILLE FL 32202

☐ DELETE

TITLE NAME CITY-ST-ZIP

VPD
PITMAN, DON
4923 RIVER POINT RD.
JACKSONVILLE FL

☐ DELETE

TITLE NAME CITY-ST-ZIP

D
FARNELL, CLEVE
701 FISK ST. #200
JACKSONVILLE FL 32204

☐ DELETE

TITLE NAME CITY-ST-ZIP

T
BONEY, TIM
4311 HARBOR ISLAND DRIVE
JACKSONVILLE FL 32225

☐ DELETE

TITLE NAME CITY-ST-ZIP

D
CRABTREE, RANDY
8325 DIKELLIS TRAIL
JACKSONVILLE FL 32258

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)